

AMENDED

Registration District No.

FILED VS FEB 20 1961 318

Primary Registration District No.

1003

Registrar's No.

1419

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN St. Louis

Length of stay in 1b

Years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION 5976 Cote Brillante

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY

OR  
TOWN St. Louis,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5976 Cote Brillante

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ALICE

Middle

Last

NEAF

4. DATE OF DEATH

Month

Day

Year

February 12, 1961

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-29-1877

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Sheffield, England

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

----- Godfrey

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

James P. Neaf (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Address

James Neaf - 5976 Cote Brillante

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Carcinoma Cecum with metastases and intestinal obstruction

## INTERVAL BETWEEN ONSET AND DEATH

2 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

153.0

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

8-20-58

to 2-12-61

and last saw her

1-20-61

## Death occurred at

1:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Describe or title)

Chas. Jost M.D.

## 22b. ADDRESS

6000 W. Flourissant

## 22c. DATE SIGNED

2-13-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Feb 15, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis,

## (State)

Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Morrell Funeral Home  
3710 No. Grand Blvd.

## 25. DATE RECD. BY LOCAL REG.

FEB 14 1961

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leo J. Buddle

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.